

2024 Fraud, Waste, and Abuse Deliverables – CCO Guidance Document

Section I - FWA Prevention Policies and Procedures (FWA Prevention Handbook)

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | Contractor must develop a FWA Prevention Handbook wherein Contractor sets forth its written policies and procedures in accordance with the requirements set forth in Title 42 of the Code of Federal Regulations (42 CFR) §§438.600-438.610, 42 CFR §433.116, 42 CFR §438.214, 42 CFR §438.808, 42 CFR §455.20, 42 CFR §§455.104 through 455.106, 42 CFR §1002, Oregon Administrative Rule (OAR) 410-141-3520, OAR 410-141-3625, OAR 141-120-1510, and Exhibit B, Part 9 of the CCO Contract that will enable Contractor to detect and prevent potential FWA activities that have been engaged in by its employees, Subcontractors, Participating Providers, Members, and other third parties (Exhibit B, Part 9, Sections 10-11). | |
| | <p><u>FWA PREVENTION HANDBOOK: POLICIES AND PROCEDURES</u></p> | <p>The FWA PREVENTION HANDBOOK must include documents that are in place for the <u>current Contract Year (i.e., CY 2024)</u> and have been reviewed within the last 12 months. The CCO may have a standalone document titled, “FWA Prevention Handbook” and/or a set of program policies and procedures that govern compliance related activities.</p> <p>Although not required, the CCO is encouraged to have a written FWA Prevention Handbook to describe the organization’s compliance program that includes references to appropriate policies, procedures, and associated documents, as applicable.</p> <p>A “primary” policy and procedure the key document that addresses the specific requirement(s) of the element. An “associated document” is a document, such as a work instruction, job aid that describes step-by-step instructions for completing tasks within the process.</p> <p>A POLICY outlines the <u>rule(s) and regulation(s) of the organization</u>, which are guidelines used to ensure consistency and compliance.</p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>It is a resource that tells employees the “<i>what, who, why, or when</i>” behind the business’ operations. Policies tell the employee what is and what is not allowed. More specifically, a policy tells employees:</p> <ul style="list-style-type: none"> • What the policy is and its classification • Who is responsible for completing and enforcing a policy • Why a policy is required • When a policy needs to be used and enforced <p><i>Note: Instead of going into details, policies tend to be broad and general. This is because they are a core part of a company’s operations. Because of the broad nature of policies, they tend to change infrequently.</i></p> <p>A PROCESS is a big picture look at everything that needs to be done to comply with policies and then present a series of tasks (i.e., procedures) that lead to an end result. Think of processes as <i>roadmaps for what employees need to do</i>.</p> <p>A process communicates:</p> <ul style="list-style-type: none"> • Who is responsible for each part of the process • What needs to be done (overview of complete task) • In which specific order the tasks need to be completed <p><i>Note: There can be multiple procedures within one process. Often, processes involve multiple departments. When writing processes, consider adding links to the specific procedures to make it easier for employees to find the next steps they need.</i></p> |

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| | | <p>A PROCEDURE is the step-by-step instructions for each individual task within the process.</p> <p>Since the <i>process</i> is a roadmap, <i>procedures</i> become the <u>detailed instructions</u> for how to turn the car on, how to put the car in drive, how to change lanes, etc. These are the <i>step-by-step instructions for how to execute the processes within a company</i>. A procedure would take one specific step in the process and go into thorough details on how to complete that part. So essentially, here is how you perform task “A” in system “X.”</p> <p><u>Procedures</u> address:</p> <ul style="list-style-type: none"> • How to perform a task in a specific system (e.g., conducting FWA training, conducting medical record reviews as part of a PI audit, conducting specific compliance and FWA investigations, reporting specific violations, etc.) • How to adapt to specific variables (e.g., if “X” occurs, do this) • What questions to ask <p><i>Note: Because procedures are so granular, they are continuously changing and improving. You regularly need to update the procedures for new steps, clarifications, or new details.</i></p> |
| 1 | <p>Chief Compliance Officer:</p> <ol style="list-style-type: none"> Designation and identification of a Chief Compliance Officer who reports directly to the CEO and the Board of Directors. Responsibilities include: <ul style="list-style-type: none"> • Developing and implementing the written policies and procedures set forth in Paragraph b, Section 11 of Exhibit B, Part 9; and | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the reporting structure of Compliance Team. • Organizational chart illustrating the compliance reporting structure. • Job description of the Chief Compliance Officer outlining qualifications and responsibilities of the individual. |

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| | <ul style="list-style-type: none"> Creating the Annual FWA Prevention Plan (as such Plan is described in Exhibit B, Part 9, Section 12). | <p>Best practice:</p> <ul style="list-style-type: none"> Include documented criteria for selecting the Chief Compliance Officer within the policy and procedure. |
| 2 | <p>Regulatory Compliance Committee:</p> <ol style="list-style-type: none"> The establishment and identification of the members of a Regulatory Compliance Committee, which must include the Contractor’s Chief Compliance Officer, senior-level management employees, and at least two members of the Board of Directors. The Regulatory Compliance Committee is responsible for overseeing the Contractor’s FWA prevention program and compliance with the terms and conditions of the Contract. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure or that governs the Regulatory Compliance Committee, including the responsibilities of the committee. Regulatory Compliance Committee Charter showing names and titles of all members. <p>Best practice:</p> <ul style="list-style-type: none"> Include documented criteria for selecting the Regulatory Committee Members within the policy and procedure. In addition to the member types required by OHA, the CCO should ensure at least one of the senior level management employees consists of a budgetary official with authority to commit resources. |
| 3 | <p>FWA Prevention Resources: Compliance Team</p> <p>The establishment of a division, department, or team of employees (Compliance Team) that is dedicated to, and is responsible for, <u>implementing the Annual FWA Prevention Plan</u>; and</p> <ol style="list-style-type: none"> Compliance Team: Description of Compliance Team, including names and titles of team members. <i>*New component.</i> Responsibilities: Description of responsibilities of each team member. <i>*New component.</i> Professional employee: (1) Identifies at least one <u>professional employee</u> who reports directly to the Chief Compliance Officer. (2) Demonstrates professional employee | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that defines the roles and responsibilities of each member of the Compliance Team and . Organizational chart illustrating reporting structure of individuals on the Compliance Team. Job descriptions of each position making up the Compliance Team describing specific qualifications. <ul style="list-style-type: none"> At least one professional employee reporting directly to the Chief Compliance Officer must be an investigator, attorney, paralegal, professional coder, or auditor. Mandatory core and specialized training for fraud investigators would include one of the following: Certification in an applicable |

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| | <p>is an investigator, attorney, paralegal, professional coder, or auditor. <i>*Formerly component (a).</i></p> <p>d. Ensuring qualifications: Description of continuous work toward increasing the qualifications of its employees. Training plan outlines all planned trainings to be provided by or attended by CCO staff during the upcoming year. <i>*Formerly component (b).</i></p> <p>e. Investigators: (1) Identifies individuals working as investigators. (2) Specifies mandatory core and specialized training program requirements for such employees. (3) Demonstrates investigators possess such requirements. <i>*Formerly component (c).</i></p> <p>f. Team knowledge: (1) Identifies individuals who are knowledgeable about the provision of medical assistance under Title XIX of the Social Security Act and about the operations of health care providers. (2) Demonstrates staff identified possess such requirements. <i>*Formerly component (d).</i></p> <p>g. Specialized skills: (1) Identifies individuals who have forensic or other specialized skills that support the investigation of cases (e.g., nurse reviewers, certified financial forensic auditor, etc.). (2) Specifies organization employing such individuals (e.g., CCO or contracted organization). (3) Describes the forensic or specialized skills required for each individual (e.g., medical claims investigations, working knowledge of medical policy guidelines and professional coding, prior health fraud audit, analysis, or investigation experience). (4) Demonstrates staff identified possess such qualifications. <i>*Formerly component (e).</i></p> | <p>program, such as Certified Fraud Examiner (CFE), Accredited Healthcare Fraud Investigator (AHFI), successful completion of a law enforcement academy, previous work experience in health care fraud investigation/detection, previous work experience with CMS OIG/FBI or similar agency.</p> <ul style="list-style-type: none"> – Specialized skills for those performing investigations should be specific to the job duties performed. For example, internal auditors, such as nurse auditors, may require specific experience/qualifications (e.g., medical claim investigation, working knowledge of medical policy guidelines and professional coding, prior health care fraud audit, analysis, or investigation experience). <i>*If the CCO subcontracts for a specific skillset or expertise needed for the CCO’s program but is not available in-house, the CCO must demonstrate a <u>contract</u> exists and it outlines the specific qualifications and job duties to be performed by the contractor.</i> <ul style="list-style-type: none"> • Evidence that those serving in identified roles meet required qualifications (e.g., resumes, qualifications summary signed and dated by the individual and Chief Compliance Officer, evidence of certification [including expiration date], etc.). • Written plan for increasing qualifications of existing staff (e.g., enrollment in certification programs, such certified professional coder, certified dental coder, certified professional medical auditor, certified professional compliance officer, certified fraud investigator, etc.; continuing education units to maintain certifications; attendance at conferences and webinars specific to compliance and program integrity, etc.). <i>*This information may should be included within the FWA Prevention Plan/work plan.</i> <p>Best practice:</p> <ul style="list-style-type: none"> • To prevent, detect, and respond to FWA, the CCO should ensure its Compliance Team is qualified to meet all levels of violations. Skills |

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| | | <p>required are coding, Medicaid rules, health care procedures and clinical terms, industry standards, policies and recommendations, contracts and provider enrollment, auditing, investigations, and billing.</p> <ul style="list-style-type: none"> • Expertise of an effective team may include: research analyst(s)/statistician(s)/data scientist(s), clinical experts, medical reviewer(s)/auditor(s), coding/claim expert(s), policy/contract experts, financial auditor(s)/financial analyst(s), and investigator(s). • The skills and expertise found in your organization’s exiting operations can improve the quality and effectiveness of your Compliance Team. • Leverage existing expertise available within the organization and through existing contracts/agreements. <p>See the OHA Office of Program Integrity Building a PI Team PPT for guidance regarding effective teams: https://www.oregon.gov/oha/FOD/PIAU/Resources/Building-PI-Team.pdf</p> |
| 4 | <p>Compliance with the Contract: A statement or narrative in the FWA Prevention Handbook that articulates the Contractor’s commitment to complying with the terms and conditions in Exhibit B, Part 9, Sections 1-18 and all other applicable State and federal laws.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that includes the CCO’s statement of organizational commitment. <p>Best practice:</p> <ul style="list-style-type: none"> • The policy and procedure should also include the intent of the program and program goals. |
| 5 | <p>Written Standards of Conduct: <u>Written standards of conduct</u> for all of the Contractor’s employees that evidences compliance with Contractor’s commitment to FWA prevention and enforcement in accordance with the terms and conditions of the Contract and all other applicable State and federal laws.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure or separate Standards of Conduct or “code of conduct” document that communicates the CCO’s commitment to compliance. |

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| | | <p>Best practice:</p> <ul style="list-style-type: none"> Standards of conduct should detail your organization’s commitment to ethical behavior, as well as your vision and values. The standards of conduct should also indicate that compliance is the responsibility of all employees and describe how to report incidents of non-compliant or unethical behaviors. |
| 6 | <p>Disciplinary Guidelines to Enforce and Publicize Compliance Standards:</p> <ol style="list-style-type: none"> A description of Contractor’s disciplinary guidelines used to enforce compliance standards; and Description of how those guidelines are publicized. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes disciplinary actions for those who fail to comply with the applicable requirements and written standards of conduct and how those guidelines are publicized. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should specify mechanisms to: 1) prevent, identify, investigate, and refer suspected FWA cases, 2) identify how assessments will be made, 3) associate specific disciplinary action(s) for specific offenses, and 4) enable staff to report suspected activities (e.g., hotline or anonymous comment cards). The CCO's enforcement of standards must be well publicized through various means (i.e., employee handbook, policies and procedures, FWA compliance training, CCO website, live presentations, and provider manual). |
| 7 | <p>Training and Education:</p> <ol style="list-style-type: none"> A <u>system</u> to provide and require annual attendance at training and education regarding Contractor’s FWA policies and procedures by: <ul style="list-style-type: none"> Contractor’s Compliance Officer, senior management (including Board of Directors), and all other employees. <i>*Formerly component (d).</i> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for providing FWA training to each audience, such as employees (including Board of Directors), subcontractors, and participating providers. Training materials for trainings, on the content outlined in component (b), that is <u>planned for the current Contract Year (i.e., CY 2024)</u>, including materials used for employees, subcontractors, and participating providers. |

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| | <ul style="list-style-type: none"> • Subcontractors and Participating Providers. <i>*Formerly part of component (b).</i> <p>b. Training <u>content</u> must include, without limitation:</p> <ul style="list-style-type: none"> • The right, pursuant to Section 1902(a)(68) of the Social Security Act, to be protected as a whistleblower for reporting any FWA. <i>*Formerly component (a).</i> • Information necessary for its employees, Subcontractors, and Participating Providers to fully comply with the FWA requirements of the Contract. <i>*Formerly part of component (b).</i> • Oregon Medicaid-specific referral and reporting information, including any time parameters required for compliance with Exhibit B, Part 9. <i>*Formerly component (c).</i> | <ul style="list-style-type: none"> • Training schedule (<u>specific</u> to FWA training). <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO should include its training schedule as part of its FWA Prevention Plan and Workplan. • The CCO should ensure its training materials also include information regarding the Oregon False Claims Act (ORS 180.755), Medicaid Fraud (ORS 411.675). • Training provided to contracted providers should include correct billing practices and mechanisms for a provider to report and return overpayments. Training <u>should</u> also include information on pertinent laws, such as False Claims Act, Civil Monetary Penalties Law, whistleblower protections, Anti-Kickback Statute, Exclusion Statute, and Physician Self-Referral Law. • The CCO’s policy and procedure should include the CCO’s mechanisms for providing ongoing training to participating providers after the initial onboarding or orientation. (e.g., newsletters or other activities used to educate providers on FWA). <p><i>Note: This element was restructured for clarity. The former component number is noted in blue italics. No changes were made to the requirement aside from the format.</i></p> |
| 8 | <p>Additional Training and Education for Employees Conducting Provider Credentialing:</p> <p>a. In addition to the training and education required under Exhibit B, Part 9, Section 11, Para. B (7), a <u>system to provide annual education and training</u> to Contractor’s employees who are responsible for credentialing Providers and Subcontracting with third parties.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for providing training to employees who are responsible for credentialing. • Training materials used to educate employees, who are responsible for credentialing on the content specified in component (b), that is <u>planned for the current Contract Year (i.e., CY 2024)</u>. |

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| | <p><i>*Formerly part of overarching element language. Now reflected as individual component.</i></p> <p>b. Such annual education and training content must include material relating to, as set forth in 42 CFR §§438.608(b) and 438.214(d), all of the following:</p> <ul style="list-style-type: none"> – The credentialing (<i>i.e., procedures, including time frames</i>) and enrollment (<i>i.e., disclosure of ownership and control, business transactions, and information for persons convicted of crimes against federal-related health care programs, including Medicare, Medicaid, and/or Children’s Health Insurance Program</i>) and screening requirements (<i>i.e., identification of moderate to high risk providers, verification of Medicaid enrollment with OHA prior to credentialing</i>) of Providers and Subcontractors; and <i>*Formerly component (a).</i> – The prohibition of employing, Subcontracting or otherwise being Affiliated with (or any combination or all of the foregoing) sanctioned individuals. <i>This includes appropriate verification procedures through appropriate database checks. *Formerly component (b).</i> | <ul style="list-style-type: none"> • Training schedule (<u>specific</u> to content outlined in component [b]). <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO should develop a formal training document that includes all the required content for newly hired and existing credentialing staff to complete and maintain a training completion log to demonstrate compliance. • The CCO should add this annual training to its FWA Prevention Plan and Workplan to ensure compliance with providing the training as required. <p><i>Note: This element was restructured for clarity. The former component number is noted in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format.</i></p> |
| 9 | <p>Effective Communication:</p> <p>Systems designed to maintain effective lines of communication between the Contractor’s Compliance Officer and the Contractor’s employees and Subcontractors.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that includes the mechanisms established for employees, subcontractors, and providers to confidentially report violations directly to the CCO's Compliance Officer (e.g., anonymous hotline, email, telephone, in-person, oral and/or written grievances, etc.). <p>Best practice:</p> |

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| | | <ul style="list-style-type: none"> The CCO should ensure the State's contact information has been published in all employee handbooks, provider manuals, member handbooks and other member communications, CCO's website, member newsletters, or any other distribution impacting large segments of the CCO's membership. The CCO should also have a written process for receiving, interpreting, distributing, and implementing regulatory guidance to staff, subcontractors, and providers. |
| 10 | <p>Response to Allegations of Improper or Illegal Activities:</p> <ol style="list-style-type: none"> Systems to respond promptly to allegations of improper or illegal activities; and Enforcement of appropriate disciplinary actions against employees, Participating Providers, or Subcontractors who have violated FWA policies and procedures and any other applicable State and federal laws. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that provides a summary of the systems put in place by the CCO to promptly respond to reports of potential instances of non-compliance and suspected FWA and mechanisms used to enforcement of appropriate disciplinary actions. <i>*Detailed processes and procedures for will be assessed within Section II–Annual FWA Prevention Plan.</i> <p>Best practice:</p> <ul style="list-style-type: none"> This summary is typically captured within the FWA Prevention Handbook or Compliance/FWA program description. |
| 11 | <p>Reporting FWA–Exclusions: <i>*Formerly element 11(a).</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (a) of the CCO Contract.</p> <p>In addition to its reporting requirements with respect to Providers under Exhibit B, Part 9, Contractor must <u>immediately report</u> to the Federal Department of Health and Human Services Office of the Inspector General any Providers, identified during the credentialing process, who are include on the List of Excluded Individuals or on the Excluded Parties List System also known as System for Award</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for conducting sanction and exclusion checks, and reporting excluded providers to OHA’s Provider Enrollment Unit. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should include the process steps for “how” the CCO will perform sanctions and exclusion checks as well as reporting when excluded providers identified. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>Management. Reporting requirements can be met by providing such information to OHA’s Provider Enrollment Unit via Administrative Notice.</p> | <ul style="list-style-type: none"> Although not identified in this requirement, the CCO’s Compliance Program should also include its employment screenings conducted for all prospective and existing employees, including sanction and exclusion screening. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| <p>12</p> | <p>Reporting FWA–Quarterly and Annual Reporting of Program Integrity (PI) Audits: <i>*Formerly element 11(b) with a requirement change.</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (b) of the CCO Contract.</p> <ol style="list-style-type: none"> <u>Using the template provided by OHA</u> (located on the CCO Contract Forms Website), and in accordance with Contractor’s FWA Prevention Handbook and Annual FWA Prevention Plan, Contractor must submit to OHA quarterly and annual reports of all PI Audits performed. <i>*Formerly part of overarching element language. Now reflected as individual component.</i> The Annual and Quarterly FWA Audit Reports must include all data points listed in the template, information on any Provider <u>Overpayments</u> that were recovered, the <u>source</u> of the Provider Overpayment recovery, and any <u>Sanctions or Corrective Actions</u> imposed by Contractor on its Subcontractors or Providers. <i>*Formerly component (a).</i> For both the Quarterly and Annual FWA Audit Reports, Contractor must report all PI Audits <u>opened, in-process, and closed</u> during the reporting period. <i>*Formerly component (b).</i> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for <u>submit quarterly and annual reports to OHA for all PI audits performed</u> (opened, in-process, and closed for the reporting period). <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should clearly state <u>all FWA Audit</u> reporting requirements within its policy and describe the reporting requirements for referrals and cases investigated separately to avoid confusion and potential non-compliance. The CCO’s procedures should include the process steps taken to complete and submit quarterly and annual reports, and any associated desk procedures for individual tasks within the process. <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format. In addition, there was a change impacting components (e) and (f), which now requires the CCO to submit quarterly and annual reports through the CCO Contract Deliverables Portal rather than via Administrative Notice.</i></p> |

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| | <p>d. Contractor must also provide to OHA with each Quarterly FWA Audit Report a <u>copy of the final PI Audit report</u> for each PI Audit identified in the FWA Audit Report as closed during the reporting quarter. <i>*Formerly component (c).</i></p> <p>e. The <u>Annual FWA Audit Report</u> is due <u>January 31</u> of each Contract Year and must be provided to OHA via the CCO Contract Deliverables Portal. <i>*Formerly component (d).</i></p> <p>f. The <u>Quarterly FWA Audit Report</u> is due <u>thirty (30) days following the end of each calendar quarter</u> and must be provided to OHA via the CCO Contract Deliverables Portal. <i>*Formerly component (e).</i></p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA, timely.</i></p> | |
| 13 | <p>Reporting FWA–Quarterly and Annual Reporting of FWA Referrals and Investigations: <i>*Formerly element 11(c) with a requirement change.</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (c) of the CCO Contract</p> <p>a. <u>Using the template provided by OHA</u> (located on the CCO Contract Forms Website), Contractor must submit to OHA, via the CCO Contract Deliverables Portal, an annual and quarterly summary report of <u>FWA Referrals and cases investigated</u>. <i>*Formerly part of overarching element language. Now reflected as individual component.</i></p> <p>b. The report must include, <u>regardless of Contractor’s own suspicions or lack thereof</u>, any incident with any of the</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for <u>submit quarterly and annual reports to OHA for referrals and preliminary investigations of suspected and credible cases</u>. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should clearly state <u>all Referral and Cases Investigated</u> reporting requirements within its policy and describe the reporting requirements for FWA Audits separately to avoid confusion and potential non-compliance. The CCO’s procedures should include the process steps taken to complete and submit quarterly and annual reports and any associated desk procedures for individual tasks within the process. <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language,</i></p> |

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| | <p>characteristics listed in Exhibit B, Part 9, Section 16. <i>*Formerly component (a).</i></p> <p>c. The report must include all of Contractor’s <u>open and closed</u> preliminary investigations of <u>suspected and credible</u> cases. <i>*Formerly component (b).</i></p> <p>d. The <u>annual FWA Referrals and Investigations Report</u> is due <u>January 31</u> of each Contract Year following the reporting year and must be provided to OHA via the CCO Contract Deliverables Portal. <i>*Formerly component (c).</i></p> <p>e. The <u>quarterly FWA Referrals and Investigations Report</u> is due <u>thirty (30) days following the end of each calendar quarter</u> and must be provided to OHA via the CCO Contract Deliverables Portal. <i>*Formerly component (d).</i></p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA, timely.</i></p> | <p><i>but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format. In addition, there was a change impacting components (d) and (e), which now requires the CCO to submit quarterly and annual reports through the CCO Contract Deliverables Portal rather than via Administrative Notice.</i></p> |
| 14 | <p>Reporting FWA–Reporting of Suspected FWA: <i>*Formerly element 11(d).</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (d) of the CCO Contract.</p> <p>In addition to the annual and quarterly summary of FWA Referrals and Investigations, Contractor must:</p> <p>a. Report all suspected cases of FWA, including suspected Fraud committed by its employees, Participating Providers, Subcontractors, Members, or any other third parties to OPI and Department of Justice (DOJ)’s Medicaid Fraud Control</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for reporting all suspected cases of FWA to the appropriate agencies within the required time frames. <p>Best practice:</p> <ul style="list-style-type: none"> • The purpose of the 7-day reporting requirement is to ensure coordination between the CCO, OHA, and MFCU. It also allows OHA and MFCU time to determine if there is a related investigation or litigation, and provide instructions to the CCO to avoid compromising those investigations. The CCO should investigate the issue as much as possible within the seven days and share any information collected (i.e., who is making the |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>Unit (MFCU). <i>*Formerly part of overarching element language. Now reflected as individual component.</i></p> <p>b. Reporting must be made promptly but in no event more than seven (7) days after Contractor is initially made aware of the suspicious case. <i>*Formerly component (a).</i></p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA and MFCU, timely.</i></p> | <p>allegation, what is the issue, when did the issue occur, where did the allegation come from/how was it discovered) with OHA and MFCU.</p> <ul style="list-style-type: none"> The CCO’s procedures should include the process steps taken to collect necessary information when the CCO identifies suspected cases of FWA and making the report to OHA and MFCU and any associated desk procedures for individual tasks within the process. <p>See OHA Office of Program Integrity Rules, Regulations, Compliance, and Operations PPT for more information: https://www.oregon.gov/oha/FOD/PIAU/Resources/Rules-Reg-Compliance-Operations.pdf</p> <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format.</i></p> |
| 15 | <p>Reporting FWA–Characteristics of FWA: <i>*Formerly element 11(e).</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (e) of the CCO Contract.</p> <p>In addition to the annual and quarterly summary of FWA Referrals and Investigations, Contractor must report, regardless of its own suspicions or lack thereof, to the MFCU an incident with any of the characteristics listed in Exhibit B, Part 9, Section 16.</p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for reporting to MFCU, timely.</i></p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for reporting incidents with any of the characteristics listed in Exhibit B, Part 9, Section 16 of the CCO Contract to the appropriate agency. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s policy should list the characteristics within its policies and not just refer to the CCO contract. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| 16 | <p>Reporting FWA–Cooperation with MFCU and OPI: <i>*Formerly element 11(f).</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (f) of the CCO Contract.</p> <p>Contractor must cooperate in good faith with MFCU and OPI, or their designees, in any investigation or PI Audit relating to FWA as follows:</p> <ol style="list-style-type: none"> a. Contractor must provide copies of reports or other documentation requested by MFCU, OPI, or their respective designees, or any or all of them. All reports and documents required to be provided under Exhibit B, Part 9, Section 17, Para. (f), Subparagraph (1) of the CCO Contract must be provided without cost to MFCU, OPI, or their designees; b. Contractor must permit MFCU, OPI, or their respective designees, or any combination or all of them, to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Contractor as such parties may determine is necessary to investigate any incident of FWA; c. Contractor must cooperate in good faith with the MFCU, OPI, as well as their respective designees, or any or all of them, during any investigation of FWA; and d. In the event that Contractor reports suspected FWA by Contractor’s Subcontractors, Providers, Members, or other third parties, or learns of an MFCU, OPI investigation, or any other FWA investigation undertaken by any other governmental entity, Contractor is strictly prohibited from | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for cooperating on investigations or PI Audits relating to FWA and lists the requirements outlined within components (a) through (d). <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO should ensure its policy and procedure specifies every requirement listed in components (a) through (d), including the specific copies of documentation that must be provided, items subject to review and audit, auditing bodies, etc. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>notifying, or otherwise communicating with, such parties about such report(s) or investigation(s).</p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for cooperating with an MFCU and Program Integrity Audit Unit (PIAU) investigation or audit, timely.</i></p> | |
| 17 | <p>Reporting FWA–Suspension of Payments: <i>*Formerly element 11(g).</i></p> <p>Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (g) of the CCO Contract.</p> <ul style="list-style-type: none"> a. Subject to 42 CFR §455.23, in the event OHA determines that a credible allegation of Fraud has been made against Contractor, OHA will have the right to suspend, in whole or in part, Payments made to Contractor. <i>*Formerly part of overarching element language.</i> b. In the event OHA determines that a credible allegation of Fraud has been made against Contractor’s Subcontractors, OHA will also have the right to direct Contractor to suspend, in whole or in part, the payment of fees to any and all such Subcontractors. <i>*Formerly component (a).</i> c. Subject to 42 CFR §455.23(c) suspension of Payments or other sums may be temporary. OHA has the right to forgo suspension and continue making Payments, or refrain from directing Contractor to suspend payment of sums to its Subcontractors, if certain good cause exceptions are met as provided for under 42 CFR §455.23(e). <i>*Formerly component (b).</i> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for suspension of payments that addresses the requirements listed in components (a) through (d). <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO’s procedures should include the process steps for the CCO’s suspension process and any associated desk procedures for individual tasks within the process, including performing check holds, withholding payments, restricting future enrollment and payments for non-par providers, etc. • The CCO’s policy and/or associated procedures should demonstrate the CCO understands the requirements of 42 C.F.R. §455.23(c), which further explains that suspension of payments will not continue after either (1) The agency or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider or (2) Legal proceedings related to the provider's alleged fraud are completed. <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>d. In the event OHA determines a credible allegation of Fraud has been made against a Subcontractor, Contractor must cooperate with OHA to determine, in accordance with the criteria set forth in 42 CFR §455.23, whether sums otherwise payable by Contractor to such Subcontractor must be suspended, or whether good cause exists not to suspend such payments. <i>*Formerly component (c).</i></p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for complying with the requirements of this section, timely.</i></p> | |
| 18 | <p>Reporting FWA—Where to Report FWA: <i>*Formerly element 11(h).</i></p> <p>a. Procedures for reporting suspected and/or confirmed FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (h) and Para. (i) of the CCO Contract.</p> <p>b. Contractor must include the following information for MFCU and OPI in its FWA Prevention Handbook and Member Handbook.</p> <p>Where to Report a Case of Fraud or Abuse by a Provider</p> <p>Contractor, if made aware of any suspected FWA by a Participating Provider, Subcontractor, or its own employees, must report the incident to MFCU and OPI as required under Exhibit B, Part 9. Such reporting may be made by mail, phone, or facsimile transmission using the following contact information:</p> <p style="text-align: center;">Medicaid Fraud Control Unit (MFCU) Oregon Department of Justice</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure for reporting suspected and/or confirmed FWA to the appropriate agencies. Member handbook. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should include the process steps for reporting the various types of suspected and/or confirmed FWA and any associated desk procedures for individual tasks within the process. The CCO should ensure its policies and procedures, and any related documents that include reporting information, include the contact information exactly as it is written within this template. When including links within documents, the CCO should verify links are still active and reach the appropriate webpage. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>100 SW Market Street Portland, OR 97201 Phone: 971-673-1880 Fax: 971-673-1890</p> <p>OHA Office of Program Integrity (OPI) 3406 Cherry Ave. NE Salem, OR 97303-4924 Fax: 503-378-2577 Hotline: 1-888-FRAUD01 (888-372-8301) https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx</p> <p>c. Contractor must include the following information for the DHS Fraud Investigation Unit (FIU) in its FWA Prevention Handbook and Member Handbook.</p> <p>Where to Report a Case of Fraud or Abuse by a Member</p> <p>Contractor, if made aware of suspected Fraud or Abuse by a Member (e.g., a Provider reporting Member FWA) must promptly report the incident to the DHS FIU. Such reporting may be made by mail, phone, or facsimile transmission using the following contact information:</p> <p>DHS Fraud Investigation PO Box 14150 Salem, OR 97309 Hotline: 1-888-FRAUD01 (888-372-8301) Fax: 503-373-1525 Attn: Hotline</p> <p>https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx</p> | <p><i>Note: This element was renumbered and restructured for clarity with the former number in blue italics. No changes were made to the requirement aside from the format.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| 19 | <p>Whistleblower Protection: <i>*Formerly element 12.</i></p> <p>Provisions that provide detailed information about the State and federal False Claims Acts and other applicable State and federal laws, including, as provided for Section 1902(a)(68) of the Social Security Act, and the protections afforded to those persons who report FWA under applicable whistleblower laws. The disclosures described in Subparagraph (12) are required of Contractor only if it receives or makes payments of at least five million dollars (\$5,000,000) annually as a result of its performance under the Contract.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that includes detailed information regarding False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers. • Employee handbook. <p>Best practice:</p> <ul style="list-style-type: none"> • Information within policy and procedure should include <u>all</u> of the following: <ul style="list-style-type: none"> – Details regarding the False Claims Act. – Administrative remedies for false claims and statements established under chapter 38, title 31 of the United States Code. – State laws pertaining to civil or criminal penalties for false claims and statements. – Whistleblower protections under State laws with respect to preventing and detecting FWA. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 20 | <p>Procedures to Verify Services: <i>*Formerly element 13.</i></p> <ol style="list-style-type: none"> a. Procedures to routinely verify whether services that have been represented to have been delivered by Participating Providers and Subcontractors were received by Members; and a) To investigate incidents where services were not delivered or where Member paid out of pocket for services and collect any associated Overpayments. Such verification of services must | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for verifying services, including the frequency, sample size, methods, etc. • Primary policy and procedure that describes the CCO’s process used to investigate services not delivered or where the member paid out of pocket for services. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>be made by mailing service verification letters to Members, sampling, or other methods.</p> | <ul style="list-style-type: none"> Primary policy and procedure that describes the CCO’s process used to collect overpayments. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should include the process steps for verifying member services and investigating services not delivered or where the member paid out of pocket for services as well as any associated desk procedures for individual tasks within the process. The CCO should also include member verification processes within its FWA Prevention Plan and workplan. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 21 | <p>Receive, Record and Respond: <i>*Formerly element 14.</i></p> <ol style="list-style-type: none"> A system to: (1) receive, (2) record, and (3) respond to compliance questions, or reports of potential or actual non-compliance from employees, Participating Providers, Subcontractors, and Members; and Maintain the confidentiality of the person(s) posing questions or making reports. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for receiving, recording, and responding to compliance questions, or reports of potential or actual non-compliance, including the mechanisms used to maintain the confidentiality of the individual posing questions or a making report. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should include the process steps for receiving, recording, and responding to questions and reports of potential and non-compliance as well as any associated desk procedures for individual tasks within the process (e.g., how are questions or reports received, who receives them, where are they recorded, what happens next, etc.). The process may be different depending on where the question or report is generated (e.g., employee, member, provider, etc.) or the nature of the |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>question or report, which may impact how it is received and by whom. Therefore, the procedures should specify the individual processes.</p> <ul style="list-style-type: none"> • The CCO should offer multiple ways for individuals to make a report, including the option of making an anonymous report, internal referral forms, shared compliance/fraud tips mailbox, publicize a compliance/fraud tips 24/7 hotline. • The CCO should index every FWA lead via administrative files in a case management system that can be tracked for reporting purposes. <p>See OHA Office of Program Integrity Rules, Regulations, Compliance, and Operations PPT for more information: https://www.oregon.gov/oha/FOD/PIAU/Resources/Rules-Reg-Compliance-Operations.pdf</p> <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 22 | <p>Provision for Contractor to Self-Report Overpayments to OHA: <i>*Formerly element 15.</i></p> <p>Provisions for Contractor to self-report to OHA, any Overpayment <u>it received from OHA</u> under the Contract or any other contract, agreement, or memorandum of understanding (MOU) entered into by Contractor and OHA. The foregoing reporting provision must include the obligation to report, as required under 42 CFR §401.305 such Overpayment to OHA within sixty (60) days of its identification.</p> <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for identifying Overpayment and reporting it to OHA, timely.</i></p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for reporting overpayments it [the CCO] receives from OHA, including the required time frame. <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO’s procedures should include the process steps taken when overpayments are identified and any associated desk procedures for individual tasks within the process. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| 23 | <p>Provision for Contractor to Report Overpayment to OHA: <i>*Formerly element 16.</i></p> <p>a. Provisions for Contractor to <u>conduct PI Audits</u> to identify overpayments. <i>*Formerly part of overarching element language.</i></p> <p>b. Provisions to report to OHA any Overpayments <u>the Contractor made to Providers, Subcontractors, or other third parties</u> regardless of whether such Overpayment was made as a result of self-reporting by a Provider, Subcontractor, other third party, or identified by Contractor and regardless of whether such Overpayment was the result of FWA or an accounting or system error. <i>*Formerly part of overarching element language.</i></p> <p>c. If identification of Overpayment was the result of <u>self-reporting to Contractor by a Provider, Subcontractor, or other third party</u>, such foregoing reporting provision must include the obligation of the Provider, Subcontractor, or other third party to report, as required under 42 CFR §401.305 such Overpayment to the Contractor within sixty (60) days of the Provider's, Subcontractor's, or other third party's identification of the Overpayment. <i>*Formerly component (a).</i></p> <p>d. If Overpayment was <u>identified by Contractor as a result of a PI Audit or investigation</u>, the Contractor must report the Overpayment to OHA promptly, but in no event more than seven (7) days after identifying such Overpayment. <i>*Formerly component (b).</i></p> <p>e. If Contractor suspects an Overpayment identified during a PI Audit or investigation is due to FWA, such Overpayment must be reported by the Contractor in accordance with Exhibit B, Part 9, Section 17 of the CCO Contract.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO's process for <u>conducting PI audits</u> as a result of (1) <u>information discovered</u> during investigative activities that warrant an intensified review to substantiate allegation of fraud, including failure to submit documentation requested for investigation, or provider/subcontractor self-reporting overpayment or (2) <u>proactively auditing</u> providers, identified during routine monitoring and auditing activities as being high risk, to ensure services were rendered and billed correctly. • Associated work instructions, workflows, or job aids that describe the audit scope, including data analytics and criteria used to identify overpayments. • Primary policy and procedure that describes the CCO's process for <u>reporting overpayments</u>, including all requirements and time frames for the following: <ul style="list-style-type: none"> – Overpayments that were a result of a provider, subcontractor, or other party self-reporting to the CCO. – Overpayments identified by the CCO as a result of a PI audit or investigation. <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO's procedures should include the process steps taken when overpayments are identified and any associated desk procedures for individual tasks within the process. <p>See the OHA Office of Program Integrity Audits PPT for guidance regarding development of an audit process. https://www.oregon.gov/oha/FOD/PIAU/Resources/Audit.pdf</p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>f. All reports made by the Provider, Subcontractor, or other third party must include a written statement identifying the reason(s) for the return of the Excess Payment. <i>*Formerly component (d).</i></p> | <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format.</i></p> |
| 24 | <p>Accurate Quarterly and Annual Financial Reporting on Exhibit L: <i>*Formerly element 17.</i></p> <p>a. In addition to the procedures for reporting required under Exhibit B, Part 9 of the CCO Contract, Contractor must develop and maintain a procedure for accurately <u>reporting all Overpayments on its quarterly and annual Financial Reports as required under Exhibit L, Section 3.</u></p> <p>b. Contractor’s Exhibit L Report must include all Overpayments, identified or recovered <u>regardless</u> of whether the Overpayments were the result of:</p> <ul style="list-style-type: none"> – Self-reporting under Exhibit B, Part 9, Section 11, Para. (b), Subparagraphs (15) and (16) of the CCO Contract; or – A routine or planned PI Audit or other review. <p><i>NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for</i></p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for Exhibit L reporting, including all requirements in components (a) and (b). <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO’s procedures should include the process steps taken to complete and submit the Exhibit L report as well as any associated desk procedures for individual tasks within the process. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 25 | <p>Member Reporting Process: <i>*Formerly element 18.</i></p> <p>A process for Members to report FWA anonymously and to be protected from retaliation under applicable whistleblower laws.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Handbook (if standalone document). • Primary policy and procedure that describes the CCO’s process for members to report FWA anonymously and to be protected from retaliation under applicable whistleblower laws. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures should outline the mechanism for the member to report (e.g., hotline), identify who receives the reported information, and how the CCO ensures the member is protected from retaliation (e.g., monitoring). <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 26 | <p>Notification of a Change in the Enrollee’s Circumstances: <i>*Formerly element 19.</i></p> <p>Procedures for prompt notification to OHA when Contractor receives information about changes in a Member’s circumstances that might impact eligibility, including:</p> <ol style="list-style-type: none"> Changes in a Member’s residence; and Death of a Member. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for promptly notifying OHA of changes in a member’s circumstances, including both changes in a member’s residence and death of a member. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedures must specify how the work is conducted, when and who performs the task, and how and where the CCO is sending the information to OHA. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |
| 27 | <p>Notification of a Change in a Provider’s Circumstances: <i>*Formerly element 20.</i></p> <p>A procedure pursuant to which Contractor shall:</p> <ol style="list-style-type: none"> Provide OHA with Administrative Notice of any information it receives about a change in a Participating Provider’s or Subcontractor’s circumstances that may affect the Provider’s or Subcontractor’s eligibility to provide services on behalf of | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for notifying OHA of changes in a provider’s circumstances, including <u>both</u> the 30 and 15-day requirements. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>Contractor or any other CCO, including the termination of the Provider Agreement. <i>*Formerly part of overarching element language.</i></p> <p>b. Such Administrative Notice must be made to OHA within thirty (30) days of receipt of such information. <i>*Formerly component (a).</i></p> <p>c. When the termination of a Participating Provider is for-cause, Administrative Notice must be provided to OHA’s Provider Enrollment Unit within fifteen (15) days of termination, with a statement of the cause (Exhibit B, Part 4, Section 5, Para. k of the CCO Contract). <i>*Formerly component (b).</i></p> | <p>Best practice:</p> <ul style="list-style-type: none"> The CCO’s procedure should specify how the work is conducted, when and who performs the task, and how and where the CCO is sending the information to OHA <p><i>Note: This element was renumbered with the former number in blue italics. Component (a) was previously part of the overarching requirement language, but is not reflected as an individual component. The subsequent components were also renumbered as a result of the new format.</i></p> |
| 28 | <p>FWA Information for Contractor’s employees and Members: <i>*Formerly element 21.</i></p> <p>a. Contractor must provide its FWA Prevention Handbook to all employees or otherwise include its complete contents in Contractor’s <u>employee handbook</u>.</p> <p>b. Contract must include, at minimum, in its <u>Member Handbook</u>, the following information relating to FWA:</p> <ul style="list-style-type: none"> A statement or narrative that articulates Contractor’s commitment to: <ul style="list-style-type: none"> Prevent FWA; and Complying with all Applicable Laws, including, without limitation, the State’s False Claims Act and the Federal False Claims Act. Examples of Fraud, Waste, and Abuse. Where and how to report FWA. A Member’s right to report FWA anonymously and to be protected under the applicable whistleblower laws. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Handbook (if standalone document). Primary policy and procedure that describes the CCO’s process for providing information regarding compliance and FWA to employees. Employee handbook. Member handbook. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should ensure its employee handbook is updated when policies and procedures are updated to ensure consistency among documents and information provided to employees. HSAG recommends the CCO add the employee handbook to its annual document review to ensure compliance. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to the requirement.</i></p> |

Section II – Annual FWA Prevention Plan

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>In addition to creating the written FWA Prevention Handbook, Contractor, through its Chief Compliance Officer, with the assistance of Contractor’s Compliance Office, must annually draft a written plan for implementing, analyzing and reporting on the effectiveness of the policies and procedures set forth in Contractor’s FWA Prevention Handbook. Contractor’s Annual FWA Prevention Plan, must include, at a minimum, written plans and procedures for all of the activities listed in Ex B Part 9 (12). Contractor’s written plans must address what measures, criteria, or method(s) Contractor will use to evaluate effectiveness (CCO Contract Exhibit B, Part 9 (12)).</p> | |
| | <p>ANNUAL FWA PREVENTION PLAN AND WORKPLAN</p> | <p>The FWA PREVENTION PLAN and WORKPLAN submitted must be for the <u>current Contract Year (i.e., CY 2024)</u>.</p> <p>The FWA PREVENTION PLAN should define specific goals and objectives, which will guide the CCO with the implementation of its program. It must describe “how” the CCO will implement the Compliance Program described within the FWA Prevention Handbook and associated policies, and include (measures, criteria, and methods to evaluate effectiveness). The CCO should develop its FWA Prevention Plan based upon findings from the Annual FWA Assessment.</p> <p>This is typically a narrative document that references associated policies and procedures and/or process documents (e.g., workflows), job aids, work instructions, etc., to support and further describe activities identified within the FWA Prevention Plan. If the CCO plans to use the associated documents to support what is documented in the FWA Prevention Plan, the CCO’s <u>FWA Prevention Plan must direct reviewers to the appropriate documents</u>.</p> <p>The WORKPLAN outlines projects, including audits, evaluations, and trainings to be addressed during the <u>current Contract Year (i.e., CY 2024)</u>, and identifies individual(s) or department resources used to conduct the reviews, data or information sources, whether each review is conducted in person/on-site, and when each review is scheduled to begin. As a best practice, the CCO should also include a column to indicate completion dates.</p> |

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| 1 | <p>Monitoring and Auditing of FWA Risks: <i>*Formerly element 1(a).</i></p> <p>Contractor’s <u>written plan</u> includes:</p> <ol style="list-style-type: none"> a. Description of <u>FWA prevention and detection</u> activities planned <u>for the current Contract Year</u>, such as routine internal monitoring, reporting, and PI Auditing of FWA risks. b. Work plan lists all PI Audits <u>planned for the current Contract Year</u>, identifies individual(s) or department resources used to conduct the reviews, data or information sources, whether each review is conducted in person/on-site, and when each review is scheduled to begin. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Plan. • Workplan listing all PI Audits and monitoring activities planned. <i>*Audits look for overpayments. The outcome is a financial finding.</i> • Associated documents (if needed to further describe the <u>specific FWA monitoring activities</u> planned). <p>Best practice:</p> <ul style="list-style-type: none"> • In addition to listing the PI Audits and monitoring activities planned for the current Contract Year within its workplan, the CCO also should provide a brief description of the activities within its FWA Prevention Plan. For the PI Audits chosen, the CCO should include the brief rationale for selecting specific providers (e.g., the provider was identified through antifraud software multiple times the prior year, however, overpayments were not identified though targeted reviews). • Routine monitoring/oversight processes should assist the CCO with identifying fraud and informing audit plans. When a pattern is detected by routine monitoring/oversight processes, the CCO should plan the audit based on what has been detected in the surveillance phase. Selecting an audit focus or question starts with reviewing data already available to the organization. • The CCO should also provide a brief description of its payment accuracy prevention and detection activities using pre- and post-payment tools (e.g., specific post-adjudication and pre-check runs for claims, monitoring of provider coding behaviors, evaluations of billing errors and inconsistencies on prospective high dollar Diagnosis Related Group-cost outlier facility claims, mid-adjudication clinical editing and reviews of physician and facility claims, post-adjudication/pre-payment detection of suspicious claims, pre-payment data mining edits focused on compliance with provider contract terms and identification of provider billing error trends, retrospective data mining for waste, data |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| 2 | <p>Monitoring and Auditing of Other Compliance Related Risks: <i>*Formerly element 1(b).</i></p> <p>Contractor's <u>written plan</u> includes:</p> <ol style="list-style-type: none"> Description of <u>compliance review activities</u> planned for the current Contract Year, such as routine internal monitoring, reporting, and auditing of other related compliance risks. Work plan lists all compliance reviews <u>planned for the current Contract Year</u>, identifies individual(s) or department resources used to conduct the reviews, data or information sources, whether each review is conducted in person/on-site, and when each review is scheduled to begin. | <p>mining for claim overpayments, etc.) within its FWA Prevention Plan, including any that are subcontracted to a third party vendor.</p> <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Workplan listing all compliance review activities planned, including compliance audits. <i>*Compliance reviews look for compliance with rules and regulations, including contractual requirements. The outcome is a corrective action plan that is designed to address the issue.</i> Associated documents (if needed to further describe the <u>specific FWA monitoring activities</u> planned). <p><i>Note: The requirement for the CCO to provide its compliance review criteria/checklist was removed from the FWA deliverables review and will be evaluated during OHA's review of subcontractor audit reports.</i></p> <p>Best practice:</p> <ul style="list-style-type: none"> Processes for compliance reviews and PI Audits should complement one another. The CCO should use audits to take a deeper look at non-compliance or possible FWA uncovered during a routine compliance review. The CCO should conduct a contract compliance associated review of any provider currently being reviewed for possible FWA or as an opportunity to reinforce or validate a corrective action plan. |
| 3 | <p>Prompt Response: <i>*Formerly elements 1(c) and 1 (d).</i></p> <p>Contractor's <u>written plan</u> includes:</p> <ol style="list-style-type: none"> <u>The CCO's process for promptly responding to allegations of FWA, including methods used to: receive allegations; track, triage, and refer (i) to MFCU/OPI for fraud or abuse; or (ii) to internal quality or compliance department(s). Contractor is prohibited from referring</u> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Primary policy and procedure that describes the CCO's process for promptly responding to allegations of FWA. Primary policy and procedure that describes the CCO's process for promptly responding to other related compliance issues (if the CCO has |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p><u>allegations of FWA to a Subcontractor who is also a party to the allegation.</u> <i>*Formerly element 1(c); however, language was modified to remove requirements for investigation and corrective action as that is assessed within other elements.</i></p> <p>b) <u>The CCO’s process for promptly responding to allegations of other related compliance issues, including methods used to: receive allegations; track, triage, and refer (i) to MFCU/OPI for fraud or abuse; or (ii) to internal quality or compliance department(s).</u> <i>*Formerly element 1(d); however, language was modified to remove requirements for investigation and corrective action as that is assessed within other elements.</i></p> | <p>a different policy and procedure that addresses compliance issues separately from FWA issues).</p> <ul style="list-style-type: none"> Associated documents (if needed to further describe the <u>step-by-step instructions for completing tasks within the process</u>). <p>Best practice:</p> <ul style="list-style-type: none"> The FWA Prevention Plan should include a brief summary of the CCO’s process and reference associated policies and procedures. The CCO’s procedures should include the process steps for receiving allegations, triaging, and referring to MFCU/OPI and internal quality or compliance department(s) as well as any associated desk procedures for individual tasks within the process. |
| 4 | <p>Investigations: <i>*Formerly elements 1 (e) and 1 (f).</i></p> <p>Contractor’s <u>written plan</u> must address:</p> <p>a. Investigation of <u>potential FWA</u> as reported or identified in the course of self-evaluation and PI Audits. <i>*Formerly element 1(e).</i></p> <p>b. Investigation of <u>other related compliance problems</u> as reported or identified in the course of self-evaluation and PI Audits. <i>*Formerly element 1(f).</i></p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Primary policy and procedure that describes the CCO’s process for conducting investigations of <u>allegations of FWA</u>. Primary policy and procedure that describes the CCO’s process for conducting investigations of <u>allegations of other related compliance issues</u> (if the CCO has a different policy and procedure that addresses compliance issues separately from FWA issues). Associated documents (if needed to further describe the <u>step-by-step instructions for completing tasks within the process</u>). <p>Best practice:</p> <ul style="list-style-type: none"> The FWA Prevention Plan should include a brief summary of the CCO’s process and reference associated policies and procedures. The CCO’s procedures should include the process steps for “how” the CCO will conduct investigations as well as any associated desk procedures for individual tasks within the process. The process may be different depending on whether it is a potential FWA investigation or |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>compliance issue, therefore, the procedures should specify the individual processes.</p> <ul style="list-style-type: none"> The CCO should document all steps of investigations in detail and keep a case activity log for all stages of the investigation, including preliminary, expanded and recoupment. <p>See the OHA Office of Program Integrity Investigations PPT for guidance regarding development of an investigation process: https://www.oregon.gov/oha/FOD/PIAU/Resources/Investigations.pdf</p> |
| 5 | <p>Prompt and Thorough Correction: <i>*Formerly elements 1 (g) and 1 (h).</i></p> <p>Contractor’s written plan must address:</p> <ol style="list-style-type: none"> Prompt and thorough correction of <u>any and all incidents of FWA</u>, in a manner that is designed to reduce the potential recurrence, including the CCO’s process for coordination of suspected criminal acts with law enforcement agencies, opening PI Audits to recover overpayments, and referring cases internally for further compliance. <i>*Formerly element 1(g); however, language was modified to include corrective action specified in former element 1(c).</i> Prompt and thorough correction of <u>any and all incidents of other related compliance problems</u> in a manner that is designed to reduce the potential for recurrence, including coordination of suspected criminal acts with law enforcement agencies, opening PI Audits to recover overpayments, and referring cases internally for further compliance. <i>*Formerly element 1(h); however, language was modified to include corrective action specified in former element 1(d).</i> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Primary policy and procedure that describes the CCO’s process for prompt and thorough correction of any and all <u>incidents of FWA</u>. Primary policy and procedure that describes the CCO’s process for prompt and thorough correction of any and all <u>incidents of other related compliance issues</u> (if the CCO has a different policy and procedure that addresses compliance issues separately from FWA issues). Associated documents (if needed to further describe the <u>step-by-step instructions for completing tasks within the process</u>). <p>Best practice:</p> <ul style="list-style-type: none"> The FWA Prevention Plan should include a brief summary of the CCO’s process and reference associated policies and procedures. The CCO’s procedures should include the process steps for “how” the CCO will correct and coordinate with law enforcement agencies (when necessary) as well as any associated desk procedures for individual tasks within the process. The process may be different depending on whether it is a FWA or compliance incident, therefore, the procedures should specify the individual processes. The CCO should identify specific corrective actions used by the CCO to reduce the potential for recurrence for incidents of FWA (e.g., |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>recoupment/provider/subcontractor education—if SIU determines there was only a billing error but not abuse or fraud, corrective action plan to resolve billing or service issues, federal and/or State referral, referral to law enforcement agencies, 100% prepayment review, etc.) and compliance (e.g., provider/subcontractor education, corrective action plan, federal and/or State referral, referral to law enforcement agencies, etc.). Additional corrective actions for both FWA and compliance issues should include increased monitoring of regulatory compliance, possible revisions to internal controls, and possible systems updates).</p> |
| <p>6</p> | <p>Activities that Support FWA Prevention and Compliance: <i>*Formerly elements 1 (i) and 1 (j).</i> Contractor’s written plan must address:</p> <ol style="list-style-type: none"> a. Activities that support <u>ongoing compliance with the FWA prevention</u> under the Contract. <i>*Formerly element 1(i).</i> b. Activities that support <u>ongoing compliance with other related compliance requirements</u> under the Contract. <i>*Formerly element 1(j).</i> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • FWA Prevention Plan. • Workplan. <p>Best practice:</p> <ul style="list-style-type: none"> • The FWA Prevention Plan should include a narrative of the activities in place that support ongoing compliance with <u>FWA prevention</u> and <u>other related compliance requirements</u>. • FWA prevention activities may include, but are not limited to: FWA training, provider orientation, annual ownership disclosure process for staff, subcontractors, and providers, review of member and provider materials, screening and exclusion checks and prohibited affiliations, review of credentialing activities and committee minutes, collaboration with internal departments and with other CCOs and OHA to identify risks, review of OIG workplan, trending and reporting on issues discovered through prospective and retrospective auditing and monitoring. • Other compliance related activities may include, but are not limited to: annual reviews of provider and subcontractor contracts/review of issues uncovered through routine monitoring activities, subcontractor audits, HIPAA risk assessments, workgroups in place to ensure compliance, monitoring of corrective action plans. |

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| 7 | <p>Risk Evaluation Procedures: <i>*Formerly element 1(k).</i></p> <p>Contractor’s written plan must address:</p> <ol style="list-style-type: none"> Risk evaluation procedures to enable compliance in identified problem areas such as claims, Prior Authorization, service verification, utilization management and quality review. Contractor’s annual risk evaluation/assessment must identify a methodology for assessing risk of Fraud and the likelihood and impact of potential Fraud. The Fraud risk assessment may be integrated into Contractor’s overall compliance risk assessment or be performed separately from Contractor’s overall compliance risk assessment. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Workplan. Annual compliance/fraud risk assessment. <p><i>Note: The CCO’s annual risk assessment must include:</i></p> <ul style="list-style-type: none"> <i>Areas reviewed and activities used to assess the specific areas. *There must be focus areas directly related to FWA.</i> <i>Likelihood assessment – the possibility that a given event will occur taking into account current controls/mitigation activities in place (e.g., How likely is it that fraud will occur?)</i> <i>Impact assessment – the extent to which a risk event might affect the financial and/or reputational enterprise (e.g., What would the impact be if the fraud were to occur?)</i> <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should describe its methodology for assessing fraud risks within its FWA Prevention Plan and include the activity within its workplan. The annual risk assessment should be used to define, develop, and implement appropriate oversight for the year (as documented in the FWA prevention monitoring and auditing workplan), which should be reviewed and approved annually by the Regulatory Compliance Committee and Board of Directors. When identifying risks, the CCO should ensure it considers both internal departments and operational areas and external entities (e.g., providers, delegated entities/subcontractors, vendors, members). For each of these entities, the CCO should identify specific FWA threats (e.g., how can FWA occur in this area). OHA has identified the following operational areas specifically—i.e., claims, prior authorization, service verification, utilization management, and quality review. At a minimum, the CCO |

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| | | <p>should include these areas along with the other areas identified by the organization.</p> <ul style="list-style-type: none"> It is important to also consider the CCO’s rationale for identifying specific threats (e.g., why is it a concern, where did it come from, was it a prior incident, new incident, something that occurred in another health plan, is it mandated by regulation, etc.) and any existing controls the CCO has already implemented along with actions it has taken/will be taking to mitigate risks. <p>Resources: The Association of Certified Fraud Examiners (ACFE) website (https://www.acfe.com/fraud-resources/fraud-risk-tools) has a downloadable fraud risk template. The template is robust and includes risk assessment scoring scales, risk assessment matrix, heat map, fraud risk ranking, control activities matrix, allegations-disposition, monitoring actions, and tabs with examples of the information that may be included in the risk assessment matrix, etc.</p> <p>The attached GAO Fraud Risk Scoring Handout provides detailed guidance for fraud risk scoring and prioritization.</p>  <p>GAO Fraud Risk Scoring Handout.pc</p> |
| 8 | <p>Payment Accuracy: <i>*Formerly element 1(l).</i></p> <p>Contractor’s <u>written plan</u> must address the development and implementation of an annual plan to perform PI Audits of Providers and Subcontractors that will enable Contractor to validate the accuracy of Encounter Data against Provider charts.</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> FWA Prevention Plan. Workplan. Primary policy and procedure that describes the CCO’s process for conducting encounter data validation activities. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <p>Best practice:</p> <ul style="list-style-type: none"> • The FWA Prevention Plan should include a brief summary of the encounter data validation activities conducted and reference associated policies and procedures. • Planned encounter data validation activities should be included within the workplan. • The CCO’s procedures should include the process steps for “how” the CCO will conduct the encounter data validation activities as well as any associated desk procedures for individual tasks within the process. |

Section III – Annual FWA Assessment Report

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| <p>Contractor must submit an annual assessment report of the quality and effectiveness of its Annual FWA Prevention Plan and the related policies and procedures included in its FWA Prevention Handbook. The Annual FWA Assessment Report must include an introductory narrative of the foregoing efforts over the prior Contract Year and their effectiveness (CCO Contract Exhibit B, Part 9 (18)).</p> | | |
| | <p>ANNUAL FWA ASSESSMENT</p> | <p>The ANNUAL FWA ASSESSMENT submitted must include an evaluation of the effectiveness of the CCO’s FWA PREVENTION PLAN from the prior Contract Year (i.e., CY 2023).</p> <p>The CCO should use the ANNUAL FWA ASSESSMENT as an opportunity to:</p> <ul style="list-style-type: none"> • Evaluate compliance with all regulatory and contractual Medicaid program integrity obligations. • Review outcomes of all the FWA prevention activities and identify strengths, gaps, and challenges within the program. • Consider policy and process changes necessary to address deficiencies identified. • Use the information to strengthen the FWA Prevention Plan and workplan for the next year. |
| <p>1</p> | <p>Assessment of Compliance and FWA Activities– Preliminary Investigations: <i>*Formerly element I(a) with a requirement change.</i></p> <p>a. A brief summary of the <u>preliminary investigations</u> conducted by the Contractor, including the rationales for opening the preliminary investigations (e.g., allegations or reports of FWA, information from OHA, self-reporting, etc.); and</p> <p>b. Outcomes of the preliminary investigations as of the date of submission (e.g., referred to OPI and/or MFCU, investigation still ongoing, characteristics</p> | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • Annual FWA Assessment. <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO could include the required information in a table format with columns titled, “Subcontractor/Provider Name, Rationale, and Outcome.” • The CCO should use the examples provided in components (a) and (b) a guide for relevant information to include. • If the investigation has not concluded by the time the Annual FWA Assessment is complete, the CCO should document “investigation ongoing” with an <u>anticipated completion date</u> in the Outcome column. |

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| | <p>of FWA identified, opened PI audit to recover overpayment, etc.).</p> | <ul style="list-style-type: none"> If the investigation is on hold pending guidance from OHA/MFCU, include that information in the Outcome column. <p>Example:</p> <table border="1" data-bbox="1016 407 1892 846"> <thead> <tr> <th data-bbox="1016 407 1346 492">Subcontractor/Provider Name</th> <th data-bbox="1346 407 1602 492">Rationale</th> <th data-bbox="1602 407 1892 492">Finding(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1016 492 1346 846">Dr. Jones–Dental Provider</td> <td data-bbox="1346 492 1602 846">Routine data mining activities identified the proportion of members who received a specific service was substantially higher when compared to peers.</td> <td data-bbox="1602 492 1892 846">A preliminary investigation revealed potentially aberrant billing practices. Referred to OPI and MFCU and opened PI Audit to identify potential overpayment.</td> </tr> </tbody> </table> <p><i>Note: This element was renumbered with the former number in blue italics. There was a change in the requirement for the CCOs to include a brief summary of each investigation rather than reporting only the number.</i></p> | Subcontractor/Provider Name | Rationale | Finding(s) | Dr. Jones–Dental Provider | Routine data mining activities identified the proportion of members who received a specific service was substantially higher when compared to peers. | A preliminary investigation revealed potentially aberrant billing practices. Referred to OPI and MFCU and opened PI Audit to identify potential overpayment. |
| Subcontractor/Provider Name | Rationale | Finding(s) | | | | | | |
| Dr. Jones–Dental Provider | Routine data mining activities identified the proportion of members who received a specific service was substantially higher when compared to peers. | A preliminary investigation revealed potentially aberrant billing practices. Referred to OPI and MFCU and opened PI Audit to identify potential overpayment. | | | | | | |
| 2 | <p>Assessment of Compliance and FWA Activities–PI Audits: <i>*Formerly element 1(b) with a requirement change.</i></p> <p>For each PI audit conducted in response to referrals and investigations, the Contractor must provide:</p> <ol style="list-style-type: none"> A brief summary of the Subcontractor and Participating Provider PI Audits conducted by Contractor <u>in response to referrals and investigations</u>; | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO could include the required information in a table format with columns titled, “Subcontractor/Provider Name, Summary of PI Audit (i.e., what prompted the audit, brief description of the audit focus and scope, and whether it was performed on-site or by desk review), Finding(s), and Corrective Action.” | | | | | | |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) | | | | | | | | |
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| | <p>b. Whether the PI audits were performed on-site or based on a review of documentation;</p> <p>c. Findings from the PI audits (e.g., overpayment identified, no overpayment identified, fraud suspected, identification of suspected criminal acts, etc.); and</p> <p>d. Any corrective action taken (e.g., recoupment of payment, placed on corrective action plan, put on 100% prepayment review, terminated from provider panel, coordination with law enforcement agencies for suspected criminal acts, etc.).</p> | <ul style="list-style-type: none"> The CCO should use the examples provided in components (c) and (d) a guide for relevant information to include. If the PI Audit has not concluded by the time the Annual FWA Assessment is complete, the CCO should document “audit ongoing” with an anticipated completion date in the Findings column. If no overpayment or non-compliance was identified, the CCO should document that information within the Corrective Action column. <p>Example:</p> <table border="1" data-bbox="1016 578 1894 1295"> <thead> <tr> <th data-bbox="1016 578 1234 708">Subcontractor/ Provider Name</th> <th data-bbox="1234 578 1478 708">Summary of PI Audit</th> <th data-bbox="1478 578 1688 708">Finding(s)</th> <th data-bbox="1688 578 1894 708">Corrective Action(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1016 708 1234 1295">Dr. Jones – Dental Provider</td> <td data-bbox="1234 708 1478 1295">The audit focus was to look at excessive billing of procedure codes D4341 and D4342. Audit scope included a statistically significant sample [enter number] of claims/encounters billed from June 1, 2021 through August 31, 2023. This audit was performed by desk review.</td> <td data-bbox="1478 708 1688 1295">Documentation submitted did not support the codes billed for [# claims] of the claims billed resulting in [\$] in overpayments.</td> <td data-bbox="1688 708 1894 1295">Recovered overpayments, educated provider and clinic about documentation requirements, and will review a sample of the provider’s charts in six months to assess compliance.</td> </tr> </tbody> </table> <p><i>Note: This element was renumbered with the former number in blue italics. There was a change in the requirement for the CCOs to include a</i></p> | Subcontractor/ Provider Name | Summary of PI Audit | Finding(s) | Corrective Action(s) | Dr. Jones – Dental Provider | The audit focus was to look at excessive billing of procedure codes D4341 and D4342. Audit scope included a statistically significant sample [enter number] of claims/encounters billed from June 1, 2021 through August 31, 2023. This audit was performed by desk review. | Documentation submitted did not support the codes billed for [# claims] of the claims billed resulting in [\$] in overpayments. | Recovered overpayments, educated provider and clinic about documentation requirements, and will review a sample of the provider’s charts in six months to assess compliance. |
| Subcontractor/ Provider Name | Summary of PI Audit | Finding(s) | Corrective Action(s) | | | | | | | |
| Dr. Jones – Dental Provider | The audit focus was to look at excessive billing of procedure codes D4341 and D4342. Audit scope included a statistically significant sample [enter number] of claims/encounters billed from June 1, 2021 through August 31, 2023. This audit was performed by desk review. | Documentation submitted did not support the codes billed for [# claims] of the claims billed resulting in [\$] in overpayments. | Recovered overpayments, educated provider and clinic about documentation requirements, and will review a sample of the provider’s charts in six months to assess compliance. | | | | | | | |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) | | | | | | | | | | | |
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| 3 | <p>Assessment of Compliance and FWA Activities– Compliance Reviews: <i>*Formerly element 1(c) with a requirement change.</i></p> <p>For each compliance review conducted in response to reported or suspected non-compliance, the Contractor must provide:</p> <ol style="list-style-type: none"> A brief summary of the Subcontractor and Participating Provider Compliance Reviews conducted by Contractor <u>in response to reported or suspected non-compliance</u>, including rationale for conducting compliance reviews (e.g., report or allegation of non-compliance, self-reporting, compliance issue identified during the course of business, etc.); Whether the reviews were performed on-site or based on a review of documentation; Outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); and Any corrective action taken (e.g., provider/subcontractor education, corrective action plan implemented, federal/State referral, coordination with law enforcement agencies for suspected criminal acts, etc.). | <p><i>brief summary of each PI Audit conducted in response to a referral or investigation rather than reporting only the number.</i></p> <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO could include the required information in a table format with columns titled, “Subcontractor/Provider Name, Summary of Compliance Review (i.e., what prompted the review, brief description of the review scope, and how it was conducted—on-site or desk review/virtual), Outcome(s), and Corrective Action(s).” The CCO should use the examples provided in components (c) and (d) a guide for relevant information to include. If the compliance review has not concluded by the time the Annual FWA Assessment is complete, the CCO should document “review in progress” with an anticipated completion date in the Outcome column. If no compliance issues were identified, the CCO should document that information within the Corrective Action column. <p>Example:</p> <table border="1" data-bbox="1016 995 1894 1391"> <thead> <tr> <th data-bbox="1016 995 1241 1114">Subcontractor/ Provider Name</th> <th data-bbox="1241 995 1503 1114">Summary of Compliance Review</th> <th data-bbox="1503 995 1724 1114">Finding(s)</th> <th data-bbox="1724 995 1894 1114">Corrective Action(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1016 1114 1241 1391">Dr. Jones – Dental Provider</td> <td data-bbox="1241 1114 1503 1391">During the PI Audit conducted for this provider, the CCO also conducted a desk review of the provider’s billing policies.</td> <td data-bbox="1503 1114 1724 1391">The review revealed the provider did not have appropriate policies and procedures in place to ensure</td> <td data-bbox="1724 1114 1894 1391">The provider was placed on a corrective action plan.</td> </tr> </tbody> </table> | | | | Subcontractor/ Provider Name | Summary of Compliance Review | Finding(s) | Corrective Action(s) | Dr. Jones – Dental Provider | During the PI Audit conducted for this provider, the CCO also conducted a desk review of the provider’s billing policies. | The review revealed the provider did not have appropriate policies and procedures in place to ensure | The provider was placed on a corrective action plan. |
| Subcontractor/ Provider Name | Summary of Compliance Review | Finding(s) | Corrective Action(s) | | | | | | | | | | |
| Dr. Jones – Dental Provider | During the PI Audit conducted for this provider, the CCO also conducted a desk review of the provider’s billing policies. | The review revealed the provider did not have appropriate policies and procedures in place to ensure | The provider was placed on a corrective action plan. | | | | | | | | | | |

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| | | | | compliance with billing requirements outlined within the provider agreement. | |
| <p><i>Note: This element was renumbered with the former number in blue italics. There was a change in the requirement for the CCOs to include a brief summary of each compliance review conducted in response to reported or suspected non-compliance rather than reporting only the number.</i></p> | | | | | |
| 4 | <p>Assessment of Training and Education Activities: <i>*Formerly element 1(d).</i></p> <p>Identify the training and education provided <u>during the prior Contract Year</u> and attended by:</p> <ol style="list-style-type: none"> a. Contractor’s Chief Compliance Officer, senior management, and all of the Contractor’s other employees; b. Providers, as applicable; and c. Subcontractors, as applicable. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • Annual FWA Assessment. • CY 2023 FWA Prevention Plan/workplan. • Evidence of FWA training completion for employees (including board members), subcontractors, and participating providers, as applicable) conducted during the prior Contract Year (i.e., CY 2023). • Evidence of subcontractor FWA training provided or documentation demonstrating the CCO reviewed and approved subcontractor training materials and training policies (if the CCO permits subcontractors to use their own materials). • Evidence of training completion for employees responsible for credentialing conducted during the <u>prior Contract Year</u> (i.e., CY 2023). • Provider training agendas, newsletters, and/or documentation of other activities used to educate providers on FWA, if applicable. <p>Best practice:</p> | | | |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | | <ul style="list-style-type: none"> The CCO’s Annual FWA Assessment should include a brief summary of the training and education provided <u>during the prior Contract Year (i.e., CY 2023)</u>. To demonstrate compliance with providing FWA training to participating providers, the CCO should (at a minimum) identify providers that were onboarded <u>during the previous Contract Year (i.e., CY 2023)</u> and provide evidence of training conducted. The CCO should ensure documentation is dated and clearly demonstrates training completion for all required attendees. <p><i>Note: This element was renumbered with the former number in blue italics. No changes were made to requirements.</i></p> |
| 5 | <p>Assessment of Compliance and FWA Prevention Activities–Planned Provider PI Audits: <i>*Formerly elements 1(e)(1) and (2) with a requirement change.</i></p> <p>Contractor’s Annual FWA Assessment Report must include:</p> <ol style="list-style-type: none"> Review of the Provider PI Audit activity Contractor performed <u>during the prior Contract Year</u>; Whether such PI Audit activity was in accordance with Contractor’s Annual FWA Prevention Plan from the <u>prior Contract Year</u>; Findings from the PI audits (e.g., overpayment identified, no overpayment identified, identified characteristics of FWA, identification of suspected criminal acts, etc.); Any corrective action taken (e.g., recoupment of payment, placed on corrective action plan, put on 100% prepayment review, terminated from provider panel, referral to OHA and/or | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. CY 2023 FWA Prevention Plan/workplan. Methodology used to identify high-risk providers and services chosen for PI audits (if this information is not described within the narrative of the Annual FWA Assessment). <p>Best practice:</p> <ul style="list-style-type: none"> The CCO could include the required information in a table format with columns titled, “Subcontractor/Provider Name, Summary of PI Audit (i.e., brief description of the audit focus and scope and whether it was conducted on-site or by desk review), Finding(s), and Corrective Action.” The CCO should use the examples provided in components (c) and (d) a guide for relevant information to include. If the PI Audit has not concluded by the time the Annual FWA Assessment is complete, the CCO should document “audit ongoing” with an anticipated completion date in the Findings column. If no overpayment or non-compliance was identified, the CCO should document that information within the Corrective Action column. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>MFCU, coordination with law enforcement agencies for suspected criminal acts, etc.); and</p> <p>e. A description of the methodology used to identify high-risk Providers and services chosen for PI audits.</p> <p><i>*The work and activities reported in the Annual FWA Assessment Report must align with the <u>prior year's</u> Annual FWA Prevention Plan. The work and activities must be clearly described and be specific to the reporting year.</i></p> | <ul style="list-style-type: none"> The CCO’s methodology used to identify high-risk providers and services chosen for PI audits should <u>clearly outline the process</u> specifically addressing how the CCO triages and selects providers and services performed by providers for PI audits or other types of internal reviews. At a minimum, it should encompass the type of data the CCO is going to collect, the source of the data, as well as how it is being collected and analyzed. See element 2 for the example. <p><i>Note: This element was renumbered with the former number in blue italics. There was a change in the requirement for the CCOs to include a brief summary of each planned PI Audit rather than reporting only the number and reporting will distinguish between planned PI Audits and those conducted in response to a referral or investigation.</i></p> |
| <p>6</p> | <p>Assessment of Compliance and FWA Prevention Activities–Planned Compliance Reviews: <i>*Formerly element 1(e)(3) with a requirement change.</i></p> <p>Contractor Annual FWA Assessment Report must include:</p> <ol style="list-style-type: none"> A summary of the compliance review activity Contractor performed of Subcontractors, Participating Providers, and any other third party <u>during the prior Contract Year</u>; Description of the data analytics relied upon; Whether such activity was in accordance with Contractor’s Annual FWA Prevention Plan for the prior Contract Year; Outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); and Any corrective action taken (e.g., provider/subcontractor education, corrective action plan implemented, federal/State referral, | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. CY 2023 FWA Prevention Plan/workplan. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO could include the required information in a table format with columns titled, “Subcontractor/Provider Name, Summary of Compliance Review (i.e., what prompted the review, brief description of the review scope, and how it was conducted–on-site or desk review/virtual), Outcome(s), and Corrective Action(s).” The CCO should use the examples provided in components (c) and (d) a guide for relevant information to include. If the compliance review has not concluded by the time the Annual FWA Assessment is complete, the CCO should document “review in progress” with an anticipated completion date in the Outcome column. If no compliance issues were identified, the CCO should document that information within the Corrective Action column. |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <p>coordination with law enforcement agencies for suspected criminal acts, etc.).</p> <p><i>*The work and activities reported in the Annual FWA Assessment Report must align with the <u>prior year's</u> Annual FWA Prevention Plan. The work and activities must be clearly described and be specific to the reporting year.</i></p> | <ul style="list-style-type: none"> See element 3 for the example, except that these compliance reviews are planned and encompass the <u>full scope of contractual compliance requirements</u>. <p><i>Note: This element was renumbered with the former number in blue italics. There was a change in the requirement for the CCOs to include a brief summary of each planned Compliance Review rather than reporting only the number and reporting will distinguish between planned Compliance Reviews and those conducted in response to reported or suspected non-compliance.</i></p> |
| 7 | <p>Assessment of Compliance and FWA Prevention Activities–Requests for Technical Assistance: <i>*Formerly element 1(e)(4).</i></p> <p>Contractor must include it its report:</p> <ol style="list-style-type: none"> Any applicable request for technical assistance from OHA, DOJ’s MFCU, or CMS <u>during the prior Contract Year</u> on improving the compliance activities performed by Contractor. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. <p>Best practice:</p> <ul style="list-style-type: none"> Information should also include any guidance or recommendations received from OHA related to strengthening audit activities. <p><i>Note: This element was renumbered with the former number in blue italics.</i></p> |
| 8 | <p>Assessment of Compliance and FWA Prevention Activities–Service Verification Letters: <i>*Formerly elements 1(e)(5) and (6).</i></p> <p>Contractor must include in its report:</p> <ol style="list-style-type: none"> A sample of the service verification letters mailed to Members. A summary report on: <ul style="list-style-type: none"> The number of service verification letters sent; How Members were selected to receive such Letters; Member response rates; | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. Sample service verification letter. CY 2023 FWA Prevention Plan/workplan. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should ensure information is presented in a format that clearly addresses all bullet points in component (b). The information provided should match the CCO’s policy and procedure. For example, if the CCO’s policy and procedure includes sending service verification letters quarterly, the CCO should be |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| | <ul style="list-style-type: none"> • The frequency of mailings, including all dates on which such Letters were mailed; • The results of the efforts; and • Other methodologies used to ensure the accuracy of data. <p><i>*The work and activities reported in the Annual FWA Assessment Report must align with the prior year’s Annual FWA Prevention Plan. The work and activities must be clearly described and be specific to the reporting year.</i></p> | <p>presented in a manner that demonstrates the CCO conducted the activities according to its policy.</p> <p><i>Note: This element was renumbered with the former number in blue italics.</i></p> |
| 9 | <p>Narrative Assessment of Annual FWA Activities– Outcomes: <i>*Formerly element (f)(1).</i></p> <p>A narrative and other information that advises OHA of:</p> <ol style="list-style-type: none"> a. Outcomes of all of the remaining FWA prevention activities undertaken by Contractor <u>during the prior Contract Year</u>. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> • Annual FWA Assessment. • CY 2023 FWA Prevention Plan/workplan. <p>Best practice:</p> <ul style="list-style-type: none"> • The CCO’s narrative within the Annual FWA Assessment should include a brief summary of the outcome for <u>each</u> FWA prevention activity listed within its CY 2023 FWA Prevention Plan/workplan (e.g., risk assessment, encounter data validation, data mining activities, utilization management reviews, hotline or reporting mechanism monitoring, etc.). • The CCO should use this space to <u>describe</u> the information gleaned through the FWA prevention activities conducted and <u>identify</u> strengths, gaps, and challenges within the CCO’s program integrity program. <p><i>Note: This element was renumbered with the former number in blue italics.</i></p> |

| No. | Requirement | Minimum Expectation(s) and Best Practice(s) |
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| 10 | <p>Narrative Assessment of Annual FWA Activities– Improvements to Address Deficiencies: <i>*Formerly element (f)(2).</i></p> <p>A narrative and other information that advises OHA of:</p> <ol style="list-style-type: none"> Proposed or future improvements to processes, policies, and procedures to address deficiencies identified through the FWA prevention activities conducted during the prior Contract Year. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should use this space to <u>describe</u> changes being implemented to strengthen the CCO’s program integrity program <u>based upon the outcomes</u> of FWA prevention activities. Changes may include, but are not limited to, proposed or future improvements to policies and procedures and/or contract amendments to specify expectations more clearly, increased monitoring activities, additional reporting requirements of subcontractors, etc. <p><i>Note: This element was renumbered with the former number in blue italics.</i></p> |
| 11 | <p>Narrative Assessment of Annual FWA Activities– Workplan Modifications: <i>*Formerly element (f)(3).</i></p> <p>A narrative and other information that advises OHA of:</p> <ol style="list-style-type: none"> Activities identified in its <u>prior Contract Year’s</u> FWA Prevention Plan that were not implemented or were implemented differently than initially described by Contractor in its Annual FWA Prevention Plan. An explanation of how and why the FWA prevention activities changed. | <p>Relevant document(s):</p> <ul style="list-style-type: none"> Annual FWA Assessment. CY 2023 FWA Prevention Plan/workplan. <p>Best practice:</p> <ul style="list-style-type: none"> The CCO should review its 2023 FWA Prevention Plan/workplan carefully to ensure it has included a brief outcome summary for each activity listed in the CY 2023 FWA Prevention Plan/workplan and include information for <u>each activity</u> not conducted or conducted differently than described (i.e., <i>what</i> changed and <i>why</i>). <p><i>Note: This element was renumbered with the former number in blue italics.</i></p> |